

INJECTABLE NUTRIENT RE-CERTIFICATION

Sponsored by:

Unified Chiropractic Association of OK.

July 8, '23

Wyndham Gardan airport
2101 So. Meridian Ave.
\$89.00 until June 23rd (mention Unified Chiropractic Assoc.)
405 – 685 - 4000

OKC

This OKC Injectable Re-Certification class will be the first of two to be held in 2023. The Tulsa Re-Certification will be June 10th. Therefore, for those who attended their last Re-Certification or obtained their original Certification since April 2020, your attendance at one of these classes will be a must to satisfy the **OBCE rule that requires six (6) hours of review every three (3) yrs. for Re-Certification.** We apologize if you just received your original Certification in the last two years, but in order to keep the price more reasonable, we had to limited these Re-Certification classes down to two dates every three years.

That 2014 Rule reads as follows: Subchapter 5: Authorization for Injectables

140:15-5-4. Continuing Education Hours

- (a) Effective July 1st, 2014, each chiropractic physician in the State of Oklahoma who is authorized by the Board to administer and use injectable vitamins, minerals, or nutritional supplements must re-register and submit a sworn statement of hours of continuing education completed during the concluding licensing period. Every three (3) years after original registration, each applicant shall submit documentation of completion of a total of six (6) hours of continuing education during the three (3) year period. The continuing education hours shall be related to the administering and use of injectable vitamins, minerals and nutritional supplements. These hours are in addition to the annually required sixteen (16) hours of continuing education.
- (b) Upon successful demonstration of these requirements, the Board shall continue the applicant's name on the registry of chiropractic physicians who are authorized by the Board to administer and use injectable vitamins, minerals, or nutritional supplements

Instructors:

Richard Santelli, D.C., DABCI ...Chair of Internat'l Bio-Oxidative Medicine Found.; Adjunct Prof. for CDID Diplomate Program;

Michael Taylor ,DC, DABCI ...37 year instructor/trainer for OK DC's to obtain Cert. in Injectable Nutrients and Homeopathics

Doug Cook, DC Weatherford, OK ...Author of two Manuals on IV Therapy and Chelation and Oxidative Therapy and book titled Made Whole

Joseph Lim, DC...Edmond, OK ... MS Integrative medicine & Associate Prof. of Family Medicine, Cha Medical Univ., Seoul, Korea; Medical staff at Bando Orthopedic Hospital in Seoul (head of Rehab. Dept.); Head Prof. and Clinical Dir. of Fam. Medicine and Regenerative medicine Dept. in Seoul's Chaum Anti-aging Hospital

Course Curriculum: 9:00 – 3:00

Back to Basics...review of forms, needles, etc., & protocols (IM, Meyers Cocktail), trigger Pt. Demos.)

IV Admin... catheters, lines, supplies, set-up, **(One on One practice time)**; isomolarity calculation

Compounding considerations... Law restrictions, latest FDA directives, "Legend Drugs" what's manufactured, what's not

Treatment Protocols... Real Case Scenarios---Emergency Procedures, Treatment Considerations, etc.

Formulas and more Formulas

Prolotherapy Demo... Shoulder, Elbow, Wrist, para-vert., SI, hip, knee, ankle **(one on one practice time)**

"ROUND TABLE DISCUSSION" (If time available) regarding injectable treatments, formulas and protocols that work for you and your patients; share with *the fellow knights* and in turn get answers YOU need... Your Input, Questions and Answers will help us address your needs in future courses and communications.

\$135 if postmarked by 5/9/23, **\$175** postmarked 6/10 – 6/23, but **rec'd by 6/27** box pick-up; 7/1/23 "at door" **\$225**

(Note: Mail one day before postmark deadline to allow Rural mail to reach Tulsa or OKC for postmark)

*** Replacement of Insufficient funds will require the amount by money order, coinciding with the resubmitted postmark deadline date. Include an additional \$25.00 to cover administrative and banking expense.

Complete the following survey and the contact info at the bottom and mail with check or C.C. info

The UCA, the sponsoring association of the class, needs you to complete the following survey in order to learn which injectable nutrient procedures you are utilizing to what extent and also which procedures and protocols Injectable Certified DC's want and need reviewed in the Re-Cert. class.

Therefore, please complete the following survey so we can better serve you:

- 1) Are you presently performing IM injections in your practice? Yes No If yes, to what % of your patients ____ % Approximate # of these procedures per week ____
- 2) Are you presently performing Trigger Point Injections? Yes No If yes, to what % of your patients ____ % Approximate # of these procedures per week ____
- 3) Are you presently performing inter-articular injections? Yes No If yes, to what % of your patients ____ % Approximate # of these procedures per week ____
- 4) Are you presently performing IV protocols? Yes No If yes, to what % of your patients ____ % Approximate # of these procedures per week ____ For what symptoms, conditions or pathologies?

- 5) If you answered "**No**" to any of the foregoing, please state the procedure and whether you ever did utilize it and why not, now. _____

- 6) If you **never** utilized a procedure above, which ones and why not? _____

Please circle any of the following you would like to be reviewed or demonstrated during this upcoming Re-Certification class: OSHA requirements; Informed consent & other necessary forms; Osmolarity; Injectable contraindications; Interarticular procedures & formula; IM & IV supplies and where to purchase; Blood Chemistry analysis, Dx and related IV procedure & protocol; Trigger Pt. injection protocol; IV Set-up IM procedures & formulas; Extended IV formulas for Tx of common symptoms, conditions and pathologies;

Make checks payable to:
**Unified
Chiropractic Assoc.**

P. O. Box 701678
Tulsa, OK 74170

Name: _____ Lic #: _____ School: _____
Off. Add: _____ City _____ State _____ zip _____
Off. Ph: _____ Cell: _____ e-mail: _____
Visa M/C A/E #: _____ Exp. _____ Sec. code: _____
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